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# **BCBSRI Skilled Nursing Facility Wound Vac Reimbursement Request Submission Cover Sheet**

Use this form if you are obtaining wound care devices from a supplier and are looking for reimbursement. BCBSRI will reimburse 100% of the provider's invoice cost according to the supplier's invoice.

Please e-mail all Wound Vac Reimbursement Request Forms to:  
[SNF\\_RX@bcbsri.org](mailto:SNF_RX@bcbsri.org)

**Note: This coversheet must accompany all requests as well as a completed Skilled Nursing Facility Wound Vac Request Form, UB-04 Form and the invoice from the wound vac supplier specific to the BCBSRI Member for which the SNF is requesting reimbursement.**